Instructions for completing DHA Form 780

- Section 1 enter the Physician/Reviewer's full name
- **Section 2** enter the Physician/Reviewer's year of birth.
- Section 3 enter the Physician/Reviewer's complete address.
- **Section 4a.** enter the state in which the Physician/Reviewer is licensed.
- **Section 4b.** enter the year the Physician/Reviewer obtained his/her degree.
- **Section 4c.** enter name of school where Physician/Reviewer obtained his/her degree.
- **Section 4d.** enter the year Physician/Reviewer obtained his/her medical license.
- **Section 4e**. List all American Specialty Board affiliations for this Physician/Reviewer.
- **Section 4f.** List all area(s) of specialty for the Physician/Reviewer.
- **Section 4g.** List Physician/Reviewer's type of practice (i.e. Family Practice).
- **Section 4h**. List all National Scientific Medical Society affiliations for the Physician/Reviewer.
- **Section 5a** . List the state in which Physician/Reviewer has professional appointment(s).
- **Section 5b**. List the name of the school(s) at which Physician/Reviewer has a professional appointment.
- **Section 5c.** List Physician/Reviewer's title and current status at the school listed in section 5b.
- **Section 5d.** List any other additional professional appointments and pertinent information about the Physician/Reviewer that supports his/her qualifications as an expert in their respective field.
- **Section 6a.** Cite the name of the directory in which the Physician/Reviewer is listed.
- **Section 6b.** Provide the publication year.
- **Section 6c.** Provide the edition of the publication in which the Physician/Reviewer is listed.
- Section 6d. Cite the page number of the Physician/Reviewer's listing.
- **Section 6e.** List any other sources of Professional Listings for this Physician/Reviewer. Include the year, edition/volume and page number.